



AUG 13 2004 12:32PM

7635146982 MEDTRONIC(S) TRANSMITTAL

NO. 1821 P. 3

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27581 7590 05/20/2004

MEDTRONIC, INC.
710 MEDTRONIC PARKWAY NE
MS-LC340
MINNEAPOLIS, MN 55432-5604

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Molly Chlebeck	(Depositor's name)
<i>Molly Chlebeck</i>	(Signature)
Aug. 13, 2004	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/608,204	06/30/2000	Mark D. Brycen	P8645.02CPI	9300

TITLE OF INVENTION: IMPLANTABLE MEDICAL DEVICE HAVING FLAT ELECTROLYTIC CAPACITOR WITH DIFFERING SIZED ANODE AND CATHODE LAYERS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$0	\$1330	08/20/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
BOCKELMAN, MARK	3762	607-005000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.☒ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 Girma Wolde-Michael2 Daniel G. Chapik

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

Medtronic, Inc.

(B) RESIDENCE: (CITY AND STATE OR COUNTRY)

Minneapolis, MN

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

☒ Issue Fee☐ Publication Fee☒ Advance Order - # of Copies _____

4b. Payment of Fee(s):

☐ A check in the amount of the fee(s) is enclosed.☐ Payment by credit card. Form PTO-2038 is attached.☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 13-2546 (enclose an extra copy of this form).

Director for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)

(Date)

Daniel G. Chapik (43,424)

8/13/04

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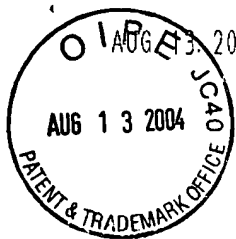
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NO. 1821 P. 1



Medtronic

Facsimile Cover Sheet

P-8645.07

To: Office of Publications
Company: U.S. Patent and Trademark Office
Phone:
Fax: 703 746 4000

From: Daniel G. Chapik
Company:  **Medtronic**
Phone: 763 514 3066
Fax: 763 514 6982

Date: August 13, 2004

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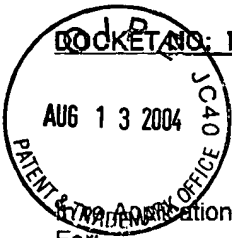
Comments: RE: P-8645.07
Serial No. 09/608,204
Applicants: Breyen et al.
Filed: June 30, 2000
Title: IMPLANTABLE MEDICAL DEVICE HAVING FLAT ELECTROLYTIC
CAPACITOR WITH DIFFERING SIZED ANODE AND CATHODE LAYERS

Attached please find the following documents:

- X Issue Fee Transmittal
- X PTOL FORM 85B
- X Fee Addressee for Receipt of PTO Notices Relating to Maintenance Fees

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ROCKET NO: P-8645.07

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**ISSUE FEE TRANSMITTAL**Applicant of:
For:Mark D. Breyen et al.
IMPLANTABLE MEDICAL DEVICE HAVING FLAT ELECTROLYTIC CAPACITOR WITH
DIFFERING SIZED ANODE AND CATHODE LAYERSSerial No.:
Filed:**09/608,204**
June 30, 2000

CERTIFICATE OF FAX TRANSMISSION UNDER 37 CFR 1.8: I hereby certify that this **ISSUE FEE TRANSMITTAL AND TRANSMITTAL** and the paper(s), as described herein, are being sent to telefacsimile No. (703) 746-4000 at the Mail Stop Issue Fee, Commissioner for Patents, Alexandria, VA 22313-1450 on this 13th day of August, 2004.

Molly Chlebeck
Signature

MOLLY CHLEBECK
Printed Name

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313

Sir:

We are transmitting herewith the attached:

X Issue Fee Transmittal
X PTOL FORM 85B

X Please charge Deposit Account 13-2546 \$1,330.00 Issue Fee for a Total of \$1,330.00.

X Applicant believes that no extension of time is required. However, if an extension of time is required, please consider this a petition therefor to provide for the possibility that applicant has inadvertently overlooked the need for an extension of time and charge same to Deposit Account 13-2546.

8/13/04
Date

Daniel G. Chapik
Daniel G. Chapik
Reg. No. 43,424
Telephone: (763) 514-3066
Customer No. 27581